



Employee Health Insurance Waiver

I _____ elect not to participate in the AIR EVAC EMS, Inc. employer Sponsored Health Insurance Plan and any benefits associated with the health plan. I understand that a requirement to receive reimbursement for this is that I must maintain my own health insurance and that proof of such insurance is to be located in my Human Resources file. I also understand that I can only rejoin the health plan during open enrollment, or if a qualifying event, as defined in the Health Plan Booklet occurs. I also understand that reimbursement for this will be a taxable benefit.

Signature: _____

Date: _____